Voluntary Vision Benefits

Administered by MetLife (VSP Network)

Regular eye examinations can not only determine your need for corrective eyewear but also may detect general health problems in their earliest stages. Protection for the eyes should be a major concern to everyone.

Plan 1		Plan 2	
In-Network (VSP Choice Network provider)	Out-of-Network (any qualified non- network provider)	In-Network (VSP Choice Network provider)	Out-of-Network (any qualified non- network provider)
\$5 Copay	\$45 Allowance	\$10 Copay	\$45 Allowance
Up to \$39 Copay	Applied to the Exam Allowance	Up to \$39 Copay	Applied to the Exam Allowance
IER GLASSES OR CONT.	ACTS)		
\$10 Copay	\$30 Allowance	\$25 Copay	\$30 Allowance
\$10 Copay	\$50 Allowance	\$25 Copay	\$50 Allowance
\$10 Copay	\$65 Allowance	\$25 Copay	\$65 Allowance
\$10 Copay	\$100 Allowance	\$25 Copay	\$100 Allowance
EMENTS			
Covered in Full	Applied to allowance for the applicable corrective lens	Covered in Full	Applied to allowance for the applicable corrective lens
Covered in Full	Applied to allowance for the applicable corrective lens	Covered in Full	Applied to allowance for the applicable corrective lens
CEMENTS ¹			
Up to \$55 Copay	\$50 Allowance	Up to \$55 Copay	\$50 Allowance
Premium: Up to \$95- \$105 Copay Custom: Up to \$150- \$175 Copay	\$50 Allowance	Premium: Up to \$95- \$105 Copay Custom: Up to \$150- \$175 Copay	\$50 Allowance
Single Vision: Up to \$31 Copay Multifocal: Up to \$35 Copay	Applied to allowance for the applicable corrective lens	Single Vision: Up to \$31 Copay Multifocal: Up to \$35 Copay	Applied to allowance for the applicable corrective lens
Up to \$17-\$33 Copay	Applied to allowance for the applicable corrective lens	Up to \$17-\$33 Copay	Applied to allowance for the applicable corrective lens
Single Vision: Up to \$17- \$34 Copay Multifocal: Up to \$17- \$44 Copay	Applied to allowance for the applicable corrective lens	Single Vision: Up to \$17- \$34 Copay Multifocal: Up to \$17- \$44 Copay	Applied to allowance for the applicable corrective lens
Up to \$41-\$85 Copay	Applied to allowance for the applicable corrective lens	Up to \$41-\$85 Copay	Applied to allowance for the applicable corrective lens
Up to \$47-\$82 Copay	Applied to allowance for the applicable corrective lens	Up to \$47-\$82 Copay	Applied to allowance for the applicable corrective lens
\$150 Allowance Costco Allowance: \$85 Allowance	\$70 Allowance	\$130 Allowance Costco Allowance: \$70 Allowance	\$70 Allowance
	In-Network (VSP Choice Network provider) \$5 Copay Up to \$39 Copay ER GLASSES OR CONT. \$10 Copay \$10 Copay \$10 Copay \$10 Copay \$10 Copay EMENTS Covered in Full Up to \$55 Copay Premium: Up to \$95- \$105 Copay Custom: Up to \$150- \$175 Copay Single Vision: Up to \$31 Copay Multifocal: Up to \$35 Copay Up to \$17-\$33 Copay Single Vision: Up to \$17- \$34 Copay Multifocal: Up to \$17- \$34 Copay Multifocal: Up to \$17- \$34 Copay Up to \$41-\$85 Copay Up to \$41-\$85 Copay Up to \$47-\$82 Copay \$150 Allowance Costco Allowance: \$85	In-Network (VSP Choice Network provider) S5 Copay \$45 Allowance Applied to the Exam Allowance S10 Copay \$30 Allowance \$10 Copay \$50 Allowance \$10 Copay \$65 Allowance \$10 Copay \$100 Allowance \$100 Copay \$100 Cop	In-Network (NSP Choice Network provider) S5 Copay \$45 Allowance \$10 Copay Applied to the Exam Allowance \$10 Copay \$10 Copay \$30 Allowance \$25 Copay \$10 Copay \$10 Copay \$50 Allowance \$25 Copay \$10 Copay \$10 Copay \$10 Copay \$50 Allowance \$25 Copay \$10 Copay \$10 Copay \$10 Allowance \$25 Copay \$25 Co